

Case Sharing

Medically necessary services cannot be duplicative with respect to other services being provided to the recipient.

According to HFS 101.03(96m)(b)(6), Wis. Admin. Code, medically necessary services cannot be duplicative with respect to other services being provided to the recipient. When more than one provider shares a case, the agencies need to integrate that information in the recipient's plan of care and the agency's prior authorization (PA) request. The following information will assist providers who are sharing cases with other providers.

Provider Responsibility

When multiple providers are caring for a recipient or "case sharing," each provider:

- Is responsible for obtaining a separate PA for the services they will perform.
- Should obtain PA immediately so providers do not exceed the 50-hour threshold unknowingly.
- Should communicate and coordinate the PA request with other case-sharing providers to assure appropriate care and reimbursement.

If a case is shared with a home health (HH) agency providing home health aide visits, it is expected that the HH agency will include routine personal care tasks in addition to medically oriented tasks, thereby lessening the need for personal care worker(PCW) activity. Each day an initial HH aide visit can be up to four hours if medically necessary, with subsequent visits up to three hours in duration if medically necessary.

Physician's Orders/Plan of Care

To prevent returns, clarify the PA request, and expedite the PA process, each provider should indicate all of the following on the physician's orders/Plan of Care (POC):

- The total number of personal care hours that the recipient requires.
- The names of the providers that will be sharing the case.

- The hours that each agency will be providing care.

Example: After assessing the recipient, it is determined that the recipient requires the assistance of a personal care worker (PCW) two hours per day, three days per week for bathing, grooming, and dressing. Agencies A and B will be sharing the case. The agencies have discussed the POC and have decided that Agency A will provide two hours of service per day, two days per week, while Agency B will provide two hours of service per day, one day per week. The total number of hours to be provided by both agencies combined will be six hours per week.

Orders submitted by Agency A should state:

- "Two hours per day, three days per week of PCW is needed for bathing, grooming, and dressing. Case share with Agency B.
"Agency A will provide two hours per day, two days per week. Agency B will provide the remaining hours."

Orders submitted by Agency B should state:

- "Two hours per day, three days per week of PCW is needed for bathing, grooming, and dressing. Case share with Agency A.
"Agency B will provide two hours per day, one day per week. Agency A will provide the remaining hours."

Requesting Prior Authorization

When case sharing, each provider is required to complete all the appropriate information about other providers on the PA forms as indicated below:

The Prior Authorization Request Form (Element 18)

- List the number of hours per week you will provide care. As shown in

the example above, Agency A would request four hours per week multiplied by 52 weeks.

- Write “shared case with (name of the other provider). Total hours for all providers will not exceed total hours on POC.” Refer to Appendix 12 of this section for an example of how to indicate a shared case on the Prior Authorization Request Form (PA/RF).

The Wisconsin Medicaid Home Care Assessment Form

- Complete all appropriate elements that provide information on other providers performing home care services, with attention to element 12.1.

If you do not provide complete information regarding case sharing or provide inconsistent information, Wisconsin Medicaid may return the PA request. If services are duplicated, Wisconsin Medicaid will recoup reimbursement.

Other Funding Sources

Some Medicaid recipients may be eligible for services provided by programs funded by other sources such as Medicare, commercial insurance, the Community Options Program (COP, COP-Waiver), and the Community Integration Program (CIP 1A, CIP 1B, CIP II).

Although approval of personal care PA requests is not affected by other funding sources, it is helpful to the PA reviewers to be able to see that the recipient’s needs are being met. Providers may identify other funding sources by completing all applicable sections of the Home Care Assessment Form.

Providers are urged to obtain a Medicaid PA before providing services if they have any doubt other insurances will reimburse for the service. If commercial insurance or Medicare covers the requested services, providers are always required to bill those health insurances first, even when there is an approved PA from Wisconsin Medicaid.

If you do not provide complete information regarding case sharing or provide inconsistent information, Wisconsin Medicaid may return the PA request.